COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH SERVICES

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS CONSENSUS DOCUMENT

NICK MACCHIONE
Health and Human Services Agency, Director

ALFREDO AGUIRRE
Behavioral Health Division, Director

DR. MICHAEL KRELSTEIN
Behavioral Health Division, Clinical Director

SUSAN BOWER
Behavioral Health Services, Director of Operations

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Vision Statement
Safe, healthy and thriving communities.

Mission Statement
In partnership with our communities, work to make people's lives safe, healthy, and self-sufficient by providing quality behavioral health services.

Guiding Principles

- Consistent with the County's Live Well, San Diego! initiative, and the commitment to "Building Better Health", services shall be integrative, promoting behavioral, physical, and social components of wellness
- Services shall be trauma-informed and promote community safety
- Services shall foster recovery, resiliency and self-sufficiency
- Support activities designed to reduce stigma and raise awareness surrounding mental health, alcohol and other drug problems, smoking and problem gambling.
- Services shall:
    - Assist individuals to reach their full potential
    - Be client/family centered
    - Be culturally competent
    - Be outcome driven
    - Be innovative and creative
- Foster continuous improvement to maximize efficiency and effectiveness of services
- Maintain fiscal integrity

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HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH SERVICES

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS CONSENSUS DOCUMENT

Overview

The County of San Diego, Health and Human Services Agency, (HHSA), is committed to the health of and quality of care for residents throughout the county. This commitment encompasses the provision of services in a culturally competent and age appropriate manner. Individuals with co-occurring mental health and substance use disorders in San Diego County are recognized as a population with high treatment costs and poor outcomes in multiple clinical domains, including physical health and social well-being. There is a recognized significant disparity in life expectancy for this population.

In both mental health and alcohol and drug treatment settings there is a need to continually improve the availability of co-occurring or integrated services to prevent over utilization of resources in the criminal justice system, the primary health care system, the homeless shelter system, and the child protective system. In addition to having poor outcomes and high costs, individuals with co-occurring disorders across cultures and ages are sufficiently prevalent in all behavioral health settings that they can be considered an expectation, rather than an exception.

In order to provide more welcoming, accessible, integrated, age appropriate, client-driven, trauma-informed, culturally competent, continuous, and comprehensive services to these individuals, HHSA's Behavioral Health Division, along with the support of the Mental Health and Alcohol and Drug Advisory Boards, have agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing systems change to improve outcomes within the context of existing resources. In addition, we are committed to a partnership with Primary Care to serve our joint population to ensure continuity of care and accessibility of needed services in both environments.

The CCISC model is consistent with the overarching expectation of providing developmentally appropriate and culturally competent services within our delivery system. This model is based on the following eight clinical consensus best practice principles (Minkoff, 1998, 2000, 2009) which espouse an integrated treatment and recovery philosophy:

CCISC 8 Principles for Treatment

Principle 1
Co-Occurring conditions are an expectation, not at exception.

Principle 2
The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.

Principle 3
All people with co-occurring conditions and issues are not the same, so different parts of the system have responsibility to provide co-occurring capable services for different populations.

Principle 4
When substance use disorder, psychiatric disorder, and other conditions co-exist, each disorder or condition should be considered primary.

Principle 5
Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.

Principle 6
Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition and issue.

Principle 7
Recovery plans, interventions, and outcomes must be individualized, so there is no single "correct" co-occurring program or intervention for everyone.

Principle 8
Comprehensive Continuous Integrated System of Care (CCISC) is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery/resiliency oriented and co-occurring capable.

Using these principles, we have agreed to implement a culturally competent and age appropriate CCISC within HHSA's Behavioral Health service system with the following four core characteristics:

1. The CCISC requires participation from all components of the behavioral health system including mental health and alcohol and drug service programs, with expectation of achieving, at minimum, Co-occurring Capability standards (and in some instances Co-occurring Enhanced capacity), and planning trauma-informed,

client-driven, culturally competent and age appropriate services to respond to the needs of co-occurring patients, clients, or participants.

2. The CCISC is implemented within the context of existing treatment operational resources, by maximizing the capacity to provide integrated age appropriate and culturally competent treatment proactively within existing funding streams and contracts.

3. The CCISC incorporates utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with mental health and substance use disorders, and promote integration of age appropriate culturally competent appropriately matched best practice treatments for individuals with co-occurring disorders.

4. The CCISC incorporates an integrated treatment philosophy and common language using the eight principles which have been adapted by HHSA to embed age appropriateness and cultural competence as listed above, and develop specific strategies to implement clinical programs, policies, and practices in accordance with the principles throughout the system of care.

Action Plan

All HHSA programs and contractor agency programs participating in this initiative shall agree to implement the following action steps. All programs and/or agencies participating in the train-the-trainer initiative, whether voluntarily or by contract requirement, shall:

1. Adopt this document as an official policy statement of the program and/or parent agency, with approval of Board of Directors or similar governing body as appropriate. Circulate the approved document to all staff, and provide training to all staff regarding the principles and the CCISC model.

2. Assign appropriately empowered administrative and clinical staff to participate in County of San Diego's integrated system planning and program development activities.

3. Adopt the goal of achieving co-occurring capability as part of the program and/or parent agency's short and long range strategic planning and quality improvement processes. Participate in the self-survey using the COMPASS-EZ instrument on a periodic basis, or other instrument as directed by COTR, to evaluate the current status of co-occurring capability.

4. Develop a program specific action plan outlining measurable changes at the agency level, the program level, the clinical practice level, and the clinician competency level to move toward co-occurring capability. Monitor the progress of the action plan at quarterly intervals. Participate in system wide training and technical assistance with regard to implementation of the action plan.

5. Participate in system wide efforts to improve identification and reporting of individuals with co-occurring disorders by incorporating program specific improvements in screening and data capture in the action planning process.

6. Participate in system wide efforts to improve welcoming access for individuals with co-occurring disorders by adopting program specific welcoming policies, materials, and expected staff competencies.

7. Assign staff to participate in system wide efforts to develop co-occurring capability standards, and systemic policies and procedures to support welcoming access in both emergency and routine situations.

8. Assign appropriate clinical and administrative leadership to participate in interagency care coordination meetings as they are developed and organized.

9. Participate in system-wide efforts (e.g., CCISC CADRE Committee) to identify required attitudes, values, knowledge, and skills for all clinicians and direct service staff regarding co-occurring disorders, age appropriate evidence based treatment/interventions and adopt the goal of co-occurring competency for all clinicians and direct staff as part of the agency's long range plan.

10. Participate in clinician and staff competency self survey using the CODECAT-EZ annually, and use the findings to develop an agency and/or program specific training plan.

11. Identify appropriate clinical supervisory and administrative staff to participate as trainers in the system wide train-the-trainer initiative, to assume responsibility for implementation of the agency's or program's training plan, and assist in tool administration and implementation of the agency's or program's co-occurring capability action plan.

12. Engage with primary care providers to develop formal partnerships that provide for cross-referral, continuity of care and access to needed services in the primary care and behavioral health environments.

The following parties are in agreement with the Consensus Document.

NICK MACCHIONE
Health and Human Services Agency, Director

10/8/13
Date

ALFREDO AGUIRRE
Behavioral Health Division, Director

8-5-13
Date

DR. MICHAEL KRELSTEIN
Behavioral Health Division, Clinical Director

8/19/13
Date

SUSAN BOWER
BEHAVIORAL Health Division, Director of Operations

7/31/13
Date